2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 577399** Feb 28, 2000 8:00 am 1. Entity Name HIGHLANDS OPTICAL, INC. **Secretary of State** 02-28-2000 90180 035 ***150.00 Principal Place of Business Mailing Address 1598 U.S. 27 NORTH 1598 U.S. 27 NORTH P.O. BOX 1157 P.O. BOX 1157 AVON PARK FL 33826-1157 AVON PARK FL 33825 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1813350 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, TONY Y.T. Street Address (P.O. Box Number is Not Acceptable) 1598 U.S. 27 NORTH AVON PARK FL 33825 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS n TITLE Change Addition TITLE ☐ Delete CHEN, TONY Y. T. NAME NAME STREET ADDRESS STREET ADDRESS 1598 U.S. 27 NORTH CITY-ST-ZIE CITY-ST-ZIP AVON PARK FL ☐ Change Addition ☐ Delete TITLE TITLE CHEN, DELMA A.Q. 1598 US 27 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIF AVON PARK FL CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exactly this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. TOMY Y.T. CHEN, MD. 14200 863-453-

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR